

REMARKS

I. Status of Claims

Claims 1-6 and 9-13 are pending. Claims 1 and 6 are independent. Claims 1, 6, and 9 are amended. Claim 21 is canceled.

Claims 1 and 5 stand rejected under 35 U.S.C. § 102(e) as being allegedly anticipated by U.S. Patent No. 7,105,018 to Yip et al. Claims 2-3, 6, 9, 10, and 12-13 stand rejected under 35 U.S.C. 103(a) as allegedly being unpatentable over Yip '018 in view of U.S. Patent No. 6,793,672 to Khosravi et al. Claims 4 and 11 stand rejected under 35 U.S.C. 103(a) as allegedly being unpatentable over Yip '018 in view of Khosravi '672, as applied to claim 6, and further in view of U.S. Patent No. 6,249,952 to Ding.

Claims 9 stands rejected under 35 U.S.C. 112, second paragraph, as allegedly not having sufficient antecedent basis. Claim 21 is withdrawn from consideration as allegedly being drawn to a non-elected invention.

II. Election/Restrictions

Although Applicants traverse the restriction requirement, to facilitate prosecution, claim 21 is canceled without prejudice to and/or disclaimer to the subject matter therein. Applicant reserves the right to file one or more divisional application(s) directed to the non-elected subject matter in accordance with the provisions of 35 U.S.C. § 121.

III. 35 U.S.C § 112, second paragraph

Claim 9 is amended to correct a minor editorial problem regarding claim dependency.

IV. Rejections under 35 U.S.C. 102 and 103

Claim 1 stands rejected under 35 U.S.C. § 102(e) as being allegedly anticipated by U.S. Patent No. 7,105,018 to Yip et al. Claim 6 stands rejected under 35 U.S.C. 103(a) as allegedly being unpatentable over Yip '018 in view of U.S. Patent No. 6,793,672 to Khosravi et al.

The undersigned submits that claim 1 is at least patentable over Yip '018 and the cited references because it recites, "...a first metallic stent that provides internal scaffolding support for the lumen to resist radial compression ...a second metallic stent that provides internal scaffolding support for the lumen to resist radial compression." (emphasis added)

The undersigned submits that claim 6 is at least patentable over Yip '018 and the cited references because it recites, "...a first stent that provides internal scaffolding support for the lumen to resist radial compression...a second stent that provides internal scaffolding support for the lumen to resist radial compression." (emphasis added)

Yip '018 regards a drug-eluting stent delivery system which includes a mechanical component and a drug-eluting component. The mechanical component is an intravascular stent 10 which provides support to the lumen. The drug eluting component is a mesh 12 that covers the stent 10 and defines an eluting sheath for controlled release of therapeutic drugs and for delivery of the therapeutic drugs in a localized drug therapy in a blood vessel. See 7:59-66.

The invention of Yip '018 allegedly overcomes the limitations of the prior art by decoupling the two major functional characteristics of the drug-eluting stent delivery system, namely the purely mechanical stent 10 structure and the local drug-delivery component/mesh 12. See 10:12-16. Yip '018 notes that each component is *independently* designed and optimized for its functional characteristics. See 10:19-22. Thus, the specification of Yip '018 recognizes and explicitly discusses the different functional characteristics which exist between a stent 10 and a mesh 12. Likewise, throughout the "Summary of Invention," Yip '018 also recognizes and explicitly discusses the different structural characteristics which exist between a stent 10 and a mesh 12 (e.g., the stent has a plurality of struts).

Consequently, in contrast to the assertions in the Office Action, the Applicant respectfully submits that Yip '018 does not teach a "second stent" or provide any suggestion or motivation for interpreting the mesh 12 of Yip '018 as a "second stent." In fact, Yip '018 teaches away from such an interpretation. In col. 9, lines 55-59, Yip '018 states, "...It is further contemplated that the mesh eluting sheath is thinner than the stent structure such that the stent

provides structural support to maintain the patency of the vessel. The mesh cover does not provide significant structural support.” (emphasis added)

Stents are not meshes. Stents are compressible to a first diameter for the insertion procedure, typically flexible to adapt to the curved passageways of the vessel lumen, and expandable to a second diameter to provide internal scaffolding support to the lumen to resist radial compression. Applicants interpretation of a stent is consistent with the meaning of a stent as set forth in the specification of Yip ‘018. For example, in column 10, lines 16-18, Yip ‘018 states, “...The stent structure is optimally designed for expansion (i.e., allowable stress/strain, scaffolding, and radial strength).”

As stated in the “Summary of the Invention,” the mesh 12 of Yip ‘018 is plastically deformable and stretches. See 5:26 and 53-55. Thus, unlike the second stent of the Applicants invention, the mesh 12 of Yip ‘018 would collapse if removed from the stent 10. The mesh 12 of Yip ‘018 simply cannot resist radial compression to support a lumen and is not configured to perform the basic scaffolding functions of a second stent as claimed.

For at least these reasons, claims 1 and 6, and their dependent claims are patentable over Yip ‘018 and the cited references.

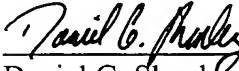
V. Conclusion

In view of the above amendments and remarks, it is believed that the above-identified application is in condition for allowance, and notice to that effect is respectfully requested. Should the Examiner have any questions, the Examiner is encouraged to contact the undersigned at the telephone number indicated below.

The Commissioner is authorized to charge any fees or credit any overpayments which may be incurred in connection with this paper under 37 C.F.R. §§ 1.16 or 1.17 to Deposit Account No. 11-0600.

Respectfully submitted,

Date: January 9, 2007



Daniel G. Shanley
Reg. No. 54,863

KENYON & KENYON LLP
1500 K Street, N.W., Suite 700
Washington, D.C. 20005
Tel: (202) 220-4200
Fax: (202) 220-4201